

DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled, **DENTAL APPLIANCE FOR THE TREATMENT OF SLEEP DISORDERS** the specification of which is attached hereto.

I have reviewed and understand the contents of the above specification, including the claims. I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56.

Power of Attorney

I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Cort Flint, Registration No. 27,260; and/or William D. Lee, Jr., Registration No. 22,660; and/or Douglas W. Kim, Registration No. 44,828; and/or Henry S. Jaudon, Registration No. 34,056; and/or Seann P. Lahey, Registration No. 51,910, and/or John A. Demos, Registration No. 52,809 of the McNair Law Firm, P.A., Post Office Box 10827, Greenville, South Carolina 29603-0827. Please address all correspondence and telephone calls to: Cort Flint, Telephone Number (864) 232-4261.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001

of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or
first inventor: Charles Garabedian

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Citizenship: USA



Inventor's Signature



Date